

Commonwealth of Massachusetts.

No. 1

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                    |                     |
|----------------------------------------------------|---------------------|
| 1. Date of Birth, . . .                            | <u>Jan 7, 1898</u>  |
| 2. Full Name of Child, .                           |                     |
| 3. Color, * . . . .                                |                     |
| 4. Sex, (and if twin or illegitimate,) <u>Male</u> |                     |
| 5. Place of Birth, . . .                           | <u>Southboro</u>    |
| 6. Name of Father, . .                             | <u>Joseph Luchs</u> |
| 7. Residence, . . . .                              | <u>Southboro</u>    |
| 8. Occupation, . . .                               | <u>Laborer</u>      |
| 9. Birthplace, . . . .                             | <u>Hungary</u>      |
| 10. Name of Mother, . .                            |                     |
| (Maiden Name,) . .                                 | <u>Mary Bousch</u>  |
| 11. Residence, . . . .                             | <u>Southboro</u>    |
| 12. Birthplace, . . . .                            | <u>Hungary</u>      |

Dated at Southboro, Jan 12 18 98

Signature of person } W. J. Jones M.D.  
making return. }

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

No. 2

# RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                |                     |
|------------------------------------------------|---------------------|
| 1. Date of Birth, . . .                        | Jan. 8, 1898.       |
| 2. Full Name of Child, .                       | Estella Richards    |
| 3. Color, * . . . .                            | White               |
| 4. Sex, (and if twin or illegitimate,) . . . . | Female - legitimate |
| 5. Place of Birth, . . .                       | Fayville, Mass.     |
| 6. Name of Father, . .                         | George Richards     |
| 7. Residence, . . . .                          | Fayville            |
| 8. Occupation, . . . .                         | Carpenter           |
| 9. Birthplace, . . . .                         | New York City.      |
| 10. Name of Mother, . .                        | Laura E. Richards   |
| (Maiden Name,) . . .                           | " " Blood           |
| 11. Residence, . . . .                         | Fayville            |
| 12. Birthplace, . . . .                        | Hollis, N. H.       |

Dated at Fayville, Mass. Jan. 22<sup>nd</sup> 1898.

Signature of person } Laurie E. Newton  
making return.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



No. 4

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                |
|----------------------------------------------|----------------|
| 1. Date of Birth, . . .                      | Jan. 25, 1898  |
| 2. Full Name of Child, .                     | Woodhall       |
| 3. Color, * . . . .                          |                |
| 4. Sex, (and if twin or illegitimate,) . . . | M              |
| 5. Place of Birth, . . .                     | Fayville       |
| 6. Name of Father, . .                       | Clare Woodhall |
| 7. Residence, . . . .                        | Fayville       |
| 8. Occupation, . . . .                       | Lynn Farmer    |
| 9. Birthplace, . . . .                       | Lynn           |
| 10. Name of Mother, . .                      |                |
| (Maiden Name,) . . .                         | Annie Knight   |
| 11. Residence, . . . .                       | Fayville       |
| 12. Birthplace, . . . .                      | Boston         |

Dated at Southboro, Mass., Jan 30 1898Signature of person }  
making return. }C. P. Jones M.D.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 5

- |                                                |                     |
|------------------------------------------------|---------------------|
| 1. Date of Birth, . . . .                      | Jan'y 30/98         |
| 2. Full Name of Child,                         | Leon Leslie Raymond |
| 3. Color, * . . . .                            | White               |
| 4. Sex, (and if twin or illegitimate,) . . . . | Male                |
| 5. Place of Birth, . . . .                     | Cordaville Mass     |
| 6. Name of Father, . . . .                     | J. Oscar Raymond    |
| 7. Residence, . . . .                          | Cordaville          |
| 8. Occupation, . . . .                         | Farmer              |
| 9. Birthplace, . . . .                         | Canada              |
| 10. Name of Mother, . . . .                    | Mabel Raymond       |
| (Maiden Name,) . . . .                         | " Lemier            |
| 11. Residence, . . . .                         | Cordaville          |
| 12. Birthplace, . . . .                        | Vermont             |

Dated at Ashland Mass Feby 3/98 18

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. G. Trembley M.D.  
Paid Dec 11/98

Signed by

Parent.



|                                                                                                                                                                                                                       |  |                                                                                                                                               |                                                                                                                                                                                                                                 |                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| 1 PLACE OF BIRTH<br>Worcester County (COUNTY)<br>Southboro (CITY OR TOWN)<br>NO. Westboro Road STREET WARD<br>(If birth occurred in a hospital or institution give its NAME instead of street and number)             |  | The Commonwealth of Massachusetts<br>OFFICE OF THE SECRETARY<br>DIVISION OF VITAL STATISTICS<br><b>DELAYED</b><br><b>CERTIFICATE OF BIRTH</b> |                                                                                                                                                                                                                                 | Marlboro Mass<br>(CITY OR TOWN MAKING THIS RETURN)<br>Registered No. _____<br>Deposition No. _____ |  |
| 2 FULL NAME OF CHILD <u>Howard Altha O'Leary</u>                                                                                                                                                                      |  |                                                                                                                                               |                                                                                                                                                                                                                                 |                                                                                                    |  |
| 3 Sex <u>Male</u> 4 If plural Births                                                                                                                                                                                  |  | (a) Twin, triplet or other _____<br>(b) Number, in order of birth <u>9</u>                                                                    |                                                                                                                                                                                                                                 | 5 Born ALIVE or STILLBORN <u>Alive</u>                                                             |  |
| 3a Color <u>White</u>                                                                                                                                                                                                 |  | 6 Date of Birth <u>Feb. 17, 1898</u><br>(MONTH) (DAY) (YEAR)                                                                                  |                                                                                                                                                                                                                                 |                                                                                                    |  |
| 7 FATHER<br>FULL NAME <u>Robert Altha O'Leary</u><br>RESIDENCE, NO. <u>Westboro Road</u> STREET<br>(AT TIME BIRTH OCCURRED)<br>CITY OR TOWN <u>Southboro</u> STATE <u>Mass.</u>                                       |  |                                                                                                                                               | 13 MOTHER<br>MAIDEN NAME <u>Olevia Maria Schofield</u><br>PRESENT NAME <u>(O'Leary) Beau'dreau</u><br>RESIDENCE, NO. <u>Westboro Road</u> STREET<br>(AT TIME BIRTH OCCURRED)<br>CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u> |                                                                                                    |  |
| 9 COLOR OR RACE <u>White</u>                                                                                                                                                                                          |  | 10 <u>dead 35 yrs ago</u><br>AGE AT LAST BIRTHDAY <u>37</u> (YEARS)                                                                           |                                                                                                                                                                                                                                 | 15 COLOR OR RACE <u>White</u>                                                                      |  |
| 11 PLACE OF BIRTH <u>Kings County N. S.</u><br>(CITY OR TOWN) (STATE OR COUNTRY)                                                                                                                                      |  | 16 <u>80</u><br>AGE AT LAST BIRTHDAY <u>43</u> (YEAR)                                                                                         |                                                                                                                                                                                                                                 | 17 <u>Kings County N. S.</u><br>PLACE OF BIRTH (CITY OR TOWN) (STATE OR COUNTRY)                   |  |
| 12 OCCUPATION <u>Farmer</u>                                                                                                                                                                                           |  | 18 OCCUPATION <u>Housewife</u>                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                    |  |
| 19 Attendant at birth or informant <u>Dr. Jones (dead)</u><br>(If there was no physician or attendant, draw line through "attendant at birth or") (Name)<br>Address No. <u>Main St. Southboro</u> St., (City or town) |  |                                                                                                                                               |                                                                                                                                                                                                                                 |                                                                                                    |  |
| 20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth<br>(Month) (Day) (Year)                                                                           |  |                                                                                                                                               |                                                                                                                                                                                                                                 |                                                                                                    |  |
| 21 Deponent<br>Name <u>Mrs. Effie Bowler</u> City or town <u>Southboro</u><br><u>142 Central St.</u><br><u>Marlboro Mass.</u><br>Relation to child <u>Sister</u>                                                      |  |                                                                                                                                               | 22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.<br>Attest: _____<br>REGISTRAR<br>(City or town)                                                                         |                                                                                                    |  |
| SEE REVERSE SIDE FOR AFFIDAVIT                                                                                                                                                                                        |  |                                                                                                                                               |                                                                                                                                                                                                                                 |                                                                                                    |  |



MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. ... EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

**AFFIDAVIT**

THE COMMONWEALTH OF MASSACHUSETTS }

COUNTY OF Wickfield } ss.:

Devin Maria Schiffield (O'Leary) Beaudreau  
being duly sworn, deposes and says that he resides at Labelle St. Marlboro. Mass.

that deponent has knowledge of the birth of Howard Otha O'Leary  
named on the reverse side of this blank, that he is the person who furnished the facts on the reverse side of  
this blank, mailed or delivered on Jan 11 1942, to the office of the entry made in the family bible by deponent  
(City or town) of (Name of city or town) The Commonwealth of Massachusetts.

An entry made in the family bible by deponent  
of the (City or town) of (Name of city or town) The Commonwealth of Massachusetts.

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: and stated by her to be made at the time of birth of Howard Otha O'Leary

The evidence submitted to substantiate the affidavit was: by mother of Howard Otha O'Leary

(Signed) Mrs. H. A. Beaudreau (mother)  
Mrs. Effie Bowles (sister)

Sworn to and subscribed before me,  
this 3 day of January, 1942  
Mary Pike  
(City or town clerk, assistant clerk, or registrar)

**NOTICE**

Expense of affidavit should be borne by the individual making this return.

**INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH**

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

**CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE**



# 1898

# 7

Southville

Birth

Baby born March 1<sup>st</sup>

Baby's Name Walter Gordon

Father's " James O'Brien

Mother's " Maggie O'Brien

Father's age 28 years

Mother's " 29 " "

Father's Father's Name Wm O'Brien

Father's Mother's Name Margaret " O'Brien

Mother's Father's " Patrick Parley

Mother's Mother's " Mary Ann Parley

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 8

|                                                |                    |
|------------------------------------------------|--------------------|
| 1. Date of Birth, . . .                        | March 5 / 98       |
| 2. Full Name of Child,                         | Thomas Carey       |
| 3. Color, * . . . .                            | White              |
| 4. Sex, (and if twin or illegitimate,) . . . . | Male               |
| 5. Place of Birth, . . .                       | Fairville Mass     |
| 6. Name of Father, . .                         | Wm H. Carey        |
| 7. Residence, . . . .                          | Fairville          |
| 8. Occupation, . . . .                         | Laborer            |
| 9. Birthplace, . . . .                         | E. Cambridge Mass  |
| 10. Name of Mother, . .                        | Catherine Carey    |
| (Maiden Name,) . . .                           | Catherine Sullivan |
| 11. Residence, . . . .                         | Fairville Mass     |
| 12. Birthplace, . . . .                        | Ireland            |

Dated at Ashland March 8<sup>th</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending J. E. Trembley M.D.

paid Oct 11 / 98

Signed by

Parent.

also Paid for Saraway - over



# Commonwealth of Massachusetts.

Date of Birth, *March 17* 189*8*.

Sex, *Male*

Color (if other than white),

Name (if named), *James Abale*

Place of Birth, No. *Rayville* Street

Name of Father, *Peter Abale*

Name of Mother, *Hedita* "

Maiden Name of Mother, *Hedta Margurite*

Residence of Parents, No. *Rayville* Street

Occupation of Father, *Labourer*

Birthplace of Father, *Italy*

Birthplace of Mother, *"*

(Signature),

*J. O. Baldwin*

Physician.

Commonwealth of Massachusetts.

No. 17

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                          |
|----------------------------------------------|--------------------------|
| 1. Date of Birth, . . .                      | <i>Apr 30 1898</i>       |
| 2. Full Name of Child, .                     | <i>Still born</i>        |
| 3. Color, * . . . .                          |                          |
| 4. Sex, (and if twin or illegitimate,) . . . | <i>Female</i>            |
| 5. Place of Birth, . . .                     | <i>Southboro</i>         |
| 6. Name of Father, . .                       | <i>Patrick W. Gracie</i> |
| 7. Residence, . . . .                        | <i>Southboro</i>         |
| 8. Occupation, . . . .                       | <i>Laborer</i>           |
| 9. Birthplace, . . . .                       | <i>Ireland</i>           |
| 10. Name of Mother, . .                      | <i>Katy W. Kelly</i>     |
| (Maiden Name,) . . .                         |                          |
| 11. Residence, . . . .                       | <i>Southboro</i>         |
| 12. Birthplace, . . . .                      | <i>Ireland</i>           |

Dated at *Southboro*, *May 2* 18*98*

Signature of person } *C. P. Jones M.D.*  
making return. }

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



*done*  
FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

✓  
RETURN OF A BIRTH.

No. *12*

|                                                |                            |
|------------------------------------------------|----------------------------|
| 1. Date of Birth, . . .                        | <i>June 8/98</i>           |
| 2. Full Name of Child,                         |                            |
| 3. Color, * . . . .                            | <i>White</i>               |
| 4. Sex, (and if twin or illegitimate,) . . . . | <i>Female</i>              |
| 5. Place of Birth, . . .                       | <i>Fayville</i>            |
| 6. Name of Father, . .                         | <i>Edward A. Manthorne</i> |
| 7. Residence, . . . .                          | <i>Fayville</i>            |
| 8. Occupation, . . . .                         | <i>Farmer</i>              |
| 9. Birthplace, . . . .                         | <i>Bridge water N.S.</i>   |
| 10. Name of Mother, . .                        | <i>Violet M. Manthorne</i> |
| (Maiden Name,) . . .                           | <i>" " Manroze</i>         |
| 11. Residence, . . . .                         | <i>Fayville</i>            |
| 12. Birthplace, . . . .                        | <i>Cape Canan N.S.</i>     |

Dated at *Island June 9<sup>th</sup>* 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

*D. J. Brambley M.D.*

Signed by

Parent.

Commonwealth of Massachusetts.

No. 113

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                  |
|----------------------------------------------|------------------|
| 1. Date of Birth, . . .                      | May, 11, 1898    |
| 2. Full Name of Child, .                     | Jones, unnamed   |
| 3. Color, * . . . .                          |                  |
| 4. Sex, (and if twin or illegitimate,) . . . | H                |
| 5. Place of Birth, . . .                     | Southboro        |
| 6. Name of Father, . .                       | Claupe P Jones   |
| 7. Residence, . . . .                        | Southboro        |
| 8. Occupation, . . . .                       | Physician        |
| 9. Birthplace, . . . .                       | E. Boston        |
| 10. Name of Mother, . .                      |                  |
| (Maiden Name,) . .                           | Mattie A. Humph  |
| 11. Residence, . . . .                       | Southboro        |
| 12. Birthplace, . . . .                      | Southboro, Mass. |

Dated at Southboro Mass May 14 1898

Signature of person } C P Jones M.D.  
making return. }

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



✓ #14 Commonwealth of Massachusetts.

Date of Birth, May 22<sup>nd</sup>, 1898.

Sex, Female

Color (if other than white), White

Name (if named), Emory Ellen Martini

Place of Birth, No. Southville Street

Name of Father, Thomas Martini

Name of Mother, Annie Martini

Maiden Name of Mother, Annie Collins

Residence of Parents, No. Southville Street

Occupation of Father, Electrician

Birthplace of Father, Ireland

Birthplace of Mother, Ireland

(Signature),

Richard M. Raymond M.D.

Physician.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 15

1. Date of Birth, . . .

2. Full Name of Child,

3. Color, \* . . . .

4. Sex, (and if twin or illegitimate,) . . . . .

5. Place of Birth, . . .

6. Name of Father, . .

7. Residence, . . . . .

8. Occupation, . . . .

9. Birthplace, . . . . .

10. Name of Mother, . .

(Maiden Name,) . . .

11. Residence, . . . . .

12. Birthplace, . . . . .

June 3 / 98  
Marjorie May  
White

Female  
Southboro

C. S. Fairbanks  
Southboro  
Express Agt

M. E. Fairbanks  
M. E. Bonthiller  
Southboro  
Duchess

Dated at Ashland June 25<sup>th</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

A. J. Trumbley M.D.  
Paid over 11/98  
Signed by

Parent.



Commonwealth of Massachusetts.

No. 16

✓ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                |                |
|------------------------------------------------|----------------|
| 1. Date of Birth, . . .                        | June 16        |
| 2. Full Name of Child, .                       | - - Espisi     |
| 3. Color, * . . . .                            |                |
| 4. Sex, (and if twin or illegitimate,) . . . . | Female         |
| 5. Place of Birth, . . .                       | Hayville       |
| 6. Name of Father, . .                         | Jos. Espisi    |
| 7. Residence, . . . .                          | Hayville       |
| 8. Occupation, . . . .                         | Laborer        |
| 9. Birthplace, . . . .                         | Italy          |
| 10. Name of Mother, . .                        |                |
| (Maiden Name,) . . .                           | Marie Scampini |
| 11. Residence, . . . .                         | Hayville       |
| 12. Birthplace, . . . .                        | Italy          |

Dated at Southboro, June 20 1898

Signature of person } B P Jones MD  
making return. }

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. 17

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |               |
|----------------------------------------------|---------------|
| 1. Date of Birth, . . .                      | June 18, 1898 |
| 2. Full Name of Child, .                     | - - Bolen     |
| 3. Color, * . . . .                          |               |
| 4. Sex, (and if twin or illegitimate,) . . . | Male          |
| 5. Place of Birth, . . .                     | Southboro     |
| 6. Name of Father, . .                       | Wm. Bolen     |
| 7. Residence, . . . .                        | Southboro     |
| 8. Occupation, . . .                         | Gardener      |
| 9. Birthplace, . . . .                       | Ireland       |
| 10. Name of Mother, . .                      |               |
| (Maiden Name,) . . .                         | Mary Burke    |
| 11. Residence, . . . .                       | Southboro     |
| 12. Birthplace, . . . .                      | Ireland       |

Dated at Southboro, June 20 1898

Signature of person making return. } C. P. Jones. M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. 18

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                  |                 |
|--------------------------------------------------|-----------------|
| 1. Date of Birth, . . .                          | July 6, 1898    |
| 2. Full Name of Child, .                         | Thomas McDonald |
| 3. Color, * . . . .                              |                 |
| 4. Sex, (and if twin or illegitimate,) . . . . . | Male            |
| 5. Place of Birth, . . .                         |                 |
| 6. Name of Father, . .                           | Thomas McDonald |
| 7. Residence, . . . .                            | Southboro       |
| 8. Occupation, . . .                             | Stableman       |
| 9. Birthplace, . . . .                           | Ireland         |
| 10. Name of Mother, . .                          |                 |
| (Maiden Name,) . .                               | Mary Browley    |
| 11. Residence, . . . .                           | Southboro       |
| 12. Birthplace, . . . .                          | Ireland         |

Dated at Southboro July 9 18 98  
 Signature of person } E. P. Jones M.D.  
 making return. }

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. 19

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                |                   |
|------------------------------------------------|-------------------|
| 1. Date of Birth, . . .                        | July 22. 1898     |
| 2. Full Name of Child, .                       |                   |
| 3. Color, * . . . .                            |                   |
| 4. Sex, (and if twin or illegitimate,) . . .   |                   |
| 5. Place of Birth, . . .                       | Southwicks        |
| 6. Name of Father, . .                         | John O'Brien      |
| 7. Residence, . . . .                          | Southwicks        |
| 8. Occupation, . . . .                         | Book maker        |
| 9. Birthplace, . . . .                         | Southwicks        |
| 10. Name of Mother, . .                        | E. Maud (Clapp)   |
| (Maiden Name,) . . .                           |                   |
| 11. Residence, . . . .                         | Southwicks        |
| 12. Birthplace, . . . .                        | West Medway, Mass |
| Dated at <u>Southwicks Aug. 9<sup>th</sup></u> | 1898.             |
| Signature of person making return. }           | Mrs E. Clapp      |

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. 20

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |              |
|----------------------------------------------|--------------|
| 1. Date of Birth, . . .                      | Aug. 1. 1898 |
| 2. Full Name of Child, .                     | - - Sawin    |
| 3. Color, * . . . .                          |              |
| 4. Sex, (and if twin or illegitimate,) . . . | Female       |
| 5. Place of Birth, . . .                     | Southboro    |
| 6. Name of Father, . .                       | Harry Sawin  |
| 7. Residence, . . . .                        | Southboro    |
| 8. Occupation, . . . .                       | Merchant     |
| 9. Birthplace, . . . .                       | Southboro    |
| 10. Name of Mother, . .                      |              |
| (Maiden Name,) . . .                         |              |
| 11. Residence, . . . .                       |              |
| 12. Birthplace, . . . .                      | S            |

Dated at Southboro, Aug 3 1898

Signature of person making return. } E. P. Jones, M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. - 5,000.

No. 21

# RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                  |                  |
|--------------------------------------------------|------------------|
| 1. Date of Birth, . . .                          | Aug. 7. 1898     |
| 2. Full Name of Child, .                         | Blair            |
| 3. Color, * . . . .                              |                  |
| 4. Sex, (and if twin or illegitimate,) . . . . . | Female           |
| 5. Place of Birth, . . .                         | Hayville         |
| 6. Name of Father, . .                           | Blas. Blair      |
| 7. Residence, . . . .                            | Hayville         |
| 8. Occupation, . . . .                           | Laborer          |
| 9. Birthplace, . . . .                           | Italy            |
| 10. Name of Mother, . .                          |                  |
| (Maiden Name,) . . .                             | Minnie Carpenter |
| 11. Residence, . . . .                           | Hayville         |
| 12. Birthplace, . . . .                          | Canada           |

Dated at Southboro Aug. 10 1898

Signature of person making return. } E. P. Jones M.D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. 22

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                  |
|----------------------------------------------|------------------|
| 1. Date of Birth, . . .                      | Sept. 1, 1898    |
| 2. Full Name of Child, .                     | Washington       |
| 3. Color, * . . . .                          |                  |
| 4. Sex, (and if twin or illegitimate,) . . . | Male             |
| 5. Place of Birth, . . .                     | Southboro        |
| 6. Name of Father, . .                       | Washington       |
| 7. Residence, . . . .                        | Southboro        |
| 8. Occupation, . . .                         | Engineer         |
| 9. Birthplace, . . . .                       |                  |
| 10. Name of Mother, . .                      | Elmina Vandersee |
| (Maiden Name,) . .                           |                  |
| 11. Residence, . . . .                       | Southboro        |
| 12. Birthplace, . . . .                      |                  |

Dated at Southboro, Sept. 5 1898

Signature of person } O P Jones M.H.  
making return. }

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

No. 23

# RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                |                             |
|------------------------------------------------|-----------------------------|
| 1. Date of Birth, . . .                        | <i>Sept 6, 1898</i>         |
| 2. Full Name of Child, .                       | <i>Raphael Riccianti</i>    |
| 3. Color, * . . . .                            |                             |
| 4. Sex, (and if twin or illegitimate,) . . . . | <i>Male</i>                 |
| 5. Place of Birth, . . .                       | <i>Frayville</i>            |
| 6. Name of Father, . .                         | <i>Angelo Riccianti</i>     |
| 7. Residence, . . . .                          | <i>Frayville</i>            |
| 8. Occupation, . . . .                         | <i>Laborer</i>              |
| 9. Birthplace, . . . .                         | <i>Italy</i>                |
| 10. Name of Mother, . .                        |                             |
| (Maiden Name,) . . .                           | <i>Philorinda Christini</i> |
| 11. Residence, . . . .                         | <i>Frayville</i>            |
| 12. Birthplace, . . . .                        | <i>Italy</i>                |

Dated at *Southboro*, *Sept. 10* 18*98*

Signature of person } *C P Jones MD*  
making return.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



No. ✓ 25

## Commonwealth of Massachusetts.

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                                  |                       |
|--------------------------------------------------|-----------------------|
| 1. Date of Birth, . . .                          | <i>Sept. 15, 1898</i> |
| 2. Full Name of Child, .                         | <i>- - Dix</i>        |
| 3. Color, * . . . .                              |                       |
| 4. Sex, (and if twin or illegitimate,) . . . . . | <i>Male</i>           |
| 5. Place of Birth, . . .                         | <i>Fayville</i>       |
| 6. Name of Father, . .                           | <i>Nelson Dix</i>     |
| 7. Residence, . . . .                            | <i>Fayville</i>       |
| 8. Occupation, . . . .                           | <i>Laborer</i>        |
| 9. Birthplace, . . . .                           | <i>Fayville</i>       |
| 10. Name of Mother, . .                          |                       |
| (Maiden Name,) . . .                             | <i>Josie Temple</i>   |
| 11. Residence, . . . .                           | <i>Fayville</i>       |
| 12. Birthplace, . . . .                          | <i>Fayville</i>       |

Dated at *Southboro,* *Sept. 18* 18 *98*Signature of person } *C. P. Jones M.H.*  
making return. }

\* If other than White. (A.) African. (M) Mulatto. (I) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

✓  
RETURN OF A BIRTH.

No. 26

|                                                  |                 |
|--------------------------------------------------|-----------------|
| 1. Date of Birth, . . .                          | Sept 25 / 98    |
| 2. Full Name of Child,                           | Robert Gerway   |
| 3. Color, * . . . .                              | White           |
| 4. Sex, (and if twin or illegitimate,) . . . . . | Male            |
| 5. Place of Birth, . . .                         | Fayville Mass   |
| 6. Name of Father, . .                           | Herbert Geraway |
| 7. Residence, . . . . .                          | Fayville        |
| 8. Occupation, . . . . .                         | Laborer         |
| 9. Birthplace, . . . . .                         | New Scotia      |
| 10. Name of Mother, . .                          | Miriam Geraway  |
| (Maiden Name,) . . .                             | a Gordon        |
| 11. Residence, . . . . .                         | Fayville Mass   |
| 12. Birthplace, . . . . .                        | N. S.           |

Dated at Asheband Sept Oct 3<sup>d</sup> 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

Signed by

Parent.



Commonwealth of Massachusetts.

No. 27

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                           |
|----------------------------------------------|---------------------------|
| 1. Date of Birth, . . .                      | Oct. 18. 1898             |
| 2. Full Name of Child, .                     | Baldwell                  |
| 3. Color, * . . . .                          | William Alden             |
| 4. Sex, (and if twin or illegitimate,) . . . | Male                      |
| 5. Place of Birth, . . .                     | Southboro                 |
| 6. Name of Father, . .                       | Frederick Baldwin         |
| 7. Residence, . . . .                        | Southboro                 |
| 8. Occupation, . . . .                       | Creamery                  |
| 9. Birthplace, . . . .                       | Southboro N.S.            |
| 10. Name of Mother, . .                      |                           |
| (Maiden Name,) . .                           | Edie <sup>my</sup> Brouck |
| 11. Residence, . . . .                       | Southboro                 |
| 12. Birthplace, . . . .                      | "                         |

Dated at Southboro, Oct 20 1898

Signature of person } C. D. Jones M.D.  
making return.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. 29

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |             |
|----------------------------------------------|-------------|
| 1. Date of Birth, . . .                      | Oct 31 1898 |
| 2. Full Name of Child, .                     | - Miller    |
| 3. Color, * . . . .                          |             |
| 4. Sex, (and if twin or illegitimate,) . . . | Female      |
| 5. Place of Birth, . . .                     | Hayville    |
| 6. Name of Father, . .                       | Geo Miller  |
| 7. Residence, . . . .                        | Hayville    |
| 8. Occupation, . . . .                       | Carpenter   |
| 9. Birthplace, . . . .                       |             |
| 10. Name of Mother, . .                      |             |
| (Maiden Name,) . . .                         |             |
| 11. Residence, . . . .                       |             |
| 12. Birthplace, . . . .                      |             |

Dated at Southboro, Nov 5 1898

Signature of person making return. } E. P. Jones, M.D.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



✓  
Commonwealth of Massachusetts.

No. 30

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                     |
|----------------------------------------------|---------------------|
| 1. Date of Birth, . . .                      | <i>Nov. 1, 1898</i> |
| 2. Full Name of Child, .                     | <i>Fairbanks</i>    |
| 3. Color, * . . . .                          |                     |
| 4. Sex, (and if twin or illegitimate,) . . . | <i>M.</i>           |
| 5. Place of Birth, . . .                     | <i>Southville</i>   |
| 6. Name of Father, . .                       | <i>Fairbanks</i>    |
| 7. Residence, . . . .                        | <i>Southville</i>   |
| 8. Occupation, . . .                         | <i>Carpenter</i>    |
| 9. Birthplace, . . . .                       | <i>Southboro</i>    |
| 10. Name of Mother, . .                      |                     |
| (Maiden Name,) . . .                         |                     |
| 11. Residence, . . . .                       | <i>Southville</i>   |
| 12. Birthplace, . . . .                      |                     |

Dated at *Southboro*, *Nov. 5* 18*98*

Signature of person } *C. P. Jones, M.B.*  
making return. }

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

✓ Commonwealth of Massachusetts.

No. 31

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

|                                              |                      |
|----------------------------------------------|----------------------|
| 1. Date of Birth, . . .                      | <i>Nov. 29, 1898</i> |
| 2. Full Name of Child, .                     | <i>Nosmer</i>        |
| 3. Color, * . . . .                          |                      |
| 4. Sex, (and if twin or illegitimate,) . . . | <i>Female</i>        |
| 5. Place of Birth, . . .                     | <i>Southboro</i>     |
| 6. Name of Father, . .                       | <i>Irving Farmer</i> |
| 7. Residence, . . . .                        | <i>Southboro</i>     |
| 8. Occupation, . . . .                       | <i>Farmer</i>        |
| 9. Birthplace, . . . .                       | <i>Southboro</i>     |
| 10. Name of Mother, . .                      |                      |
| (Maiden Name,) . .                           | <i>Hellie Condy</i>  |
| 11. Residence, . . . .                       | <i>Southboro</i>     |
| 12. Birthplace, . . . .                      |                      |

Dated at *Southboro* *Dec 3* 1898

Signature of person making return. } *EO Jones M.B.*

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 33

- |                                                  |              |
|--------------------------------------------------|--------------|
| 1. Date of Birth, . . .                          | Dec 19/98    |
| 2. Full Name of Child,                           |              |
| 3. Color, * . . . .                              | White        |
| 4. Sex, (and if twin or illegitimate,) . . . . . | Female       |
| 5. Place of Birth, . . . . .                     | Southwell    |
| 6. Name of Father, . . . . .                     | Laion Nochor |
| 7. Residence, . . . . .                          | S.           |
| 8. Occupation, . . . . .                         | Farmer       |
| 9. Birthplace, . . . . .                         | Canada       |
| 10. Name of Mother, . . . . .                    | Mary Seaton  |
| (Maiden Name,) . . . . .                         | " Gibson     |
| 11. Residence, . . . . .                         | Southwell    |
| 12. Birthplace, . . . . .                        | Michigan     |

Dated at Ashland Mass Dec 31 1898

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. J. Trembley M.D.

Signed by

Parent.

FILL IN THIS BLANK AND RETURN TO THE TOWN CLERK.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No. 34

|                                              |                 |
|----------------------------------------------|-----------------|
| 1. Date of Birth, . . .                      | Dec 21/98       |
| 2. Full Name of Child,                       | Paul Drewes     |
| 3. Color, * . . . .                          | White           |
| 4. Sex, (and if twin or illegitimate,) . . . | Male            |
| 5. Place of Birth, . . .                     | Southwell       |
| 6. Name of Father, . .                       | Frederick Jones |
| 7. Residence, . . . .                        | Southwell       |
| 8. Occupation, . . . .                       | Coachman        |
| 9. Birthplace, . . . .                       | Conn            |
| 10. Name of Mother, . .                      | Jessie E Jones  |
| (Maiden Name,) . . .                         | Thayer          |
| 11. Residence, . . . .                       | Southwell       |
| 12. Birthplace, . . . .                      | Concord N. H.   |

ashland Dated at Dec 31/98 18

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Physician attending

D. J. Bromley M.D.

Signed by

Parent.